

FIGURE 1

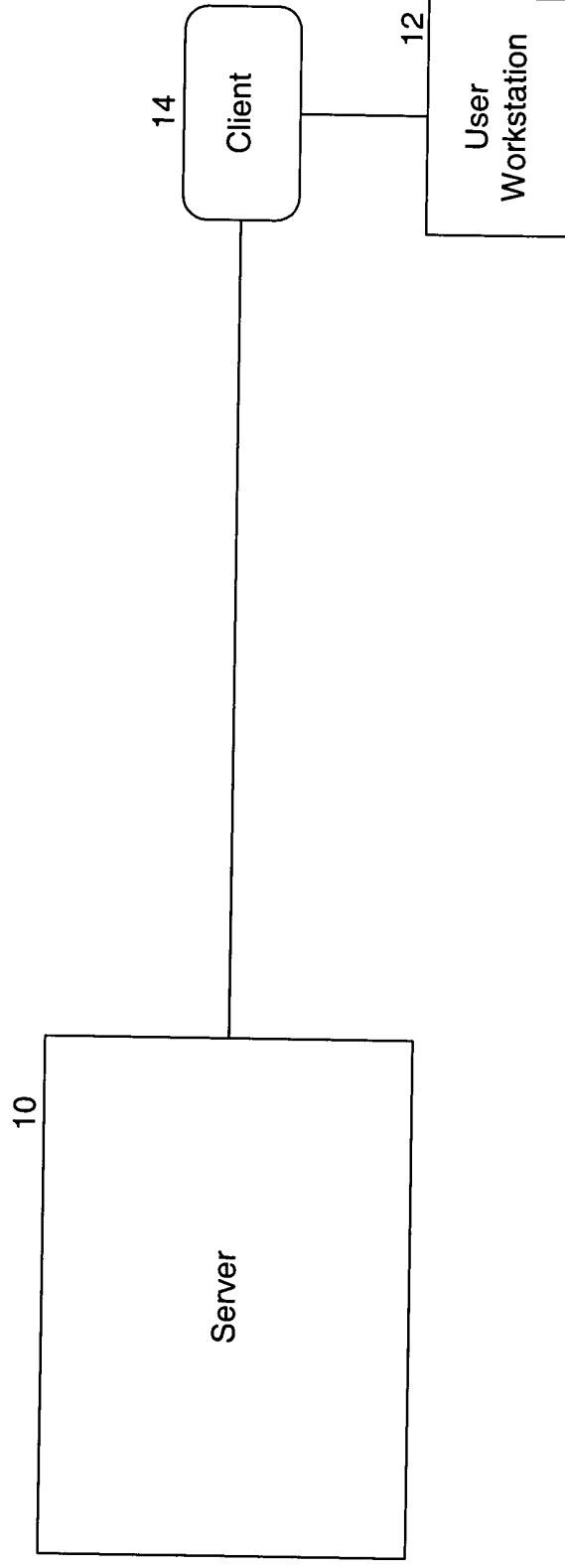


FIGURE 2

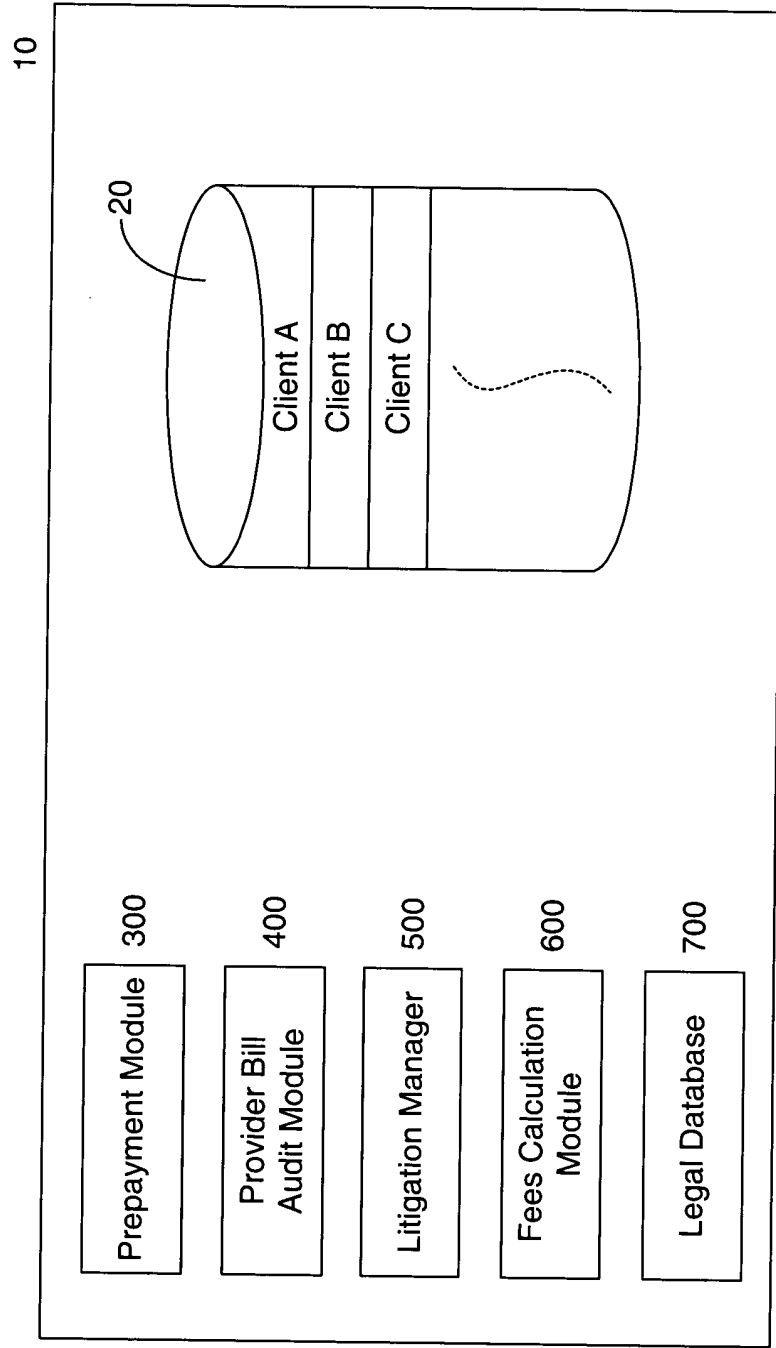


FIGURE 3

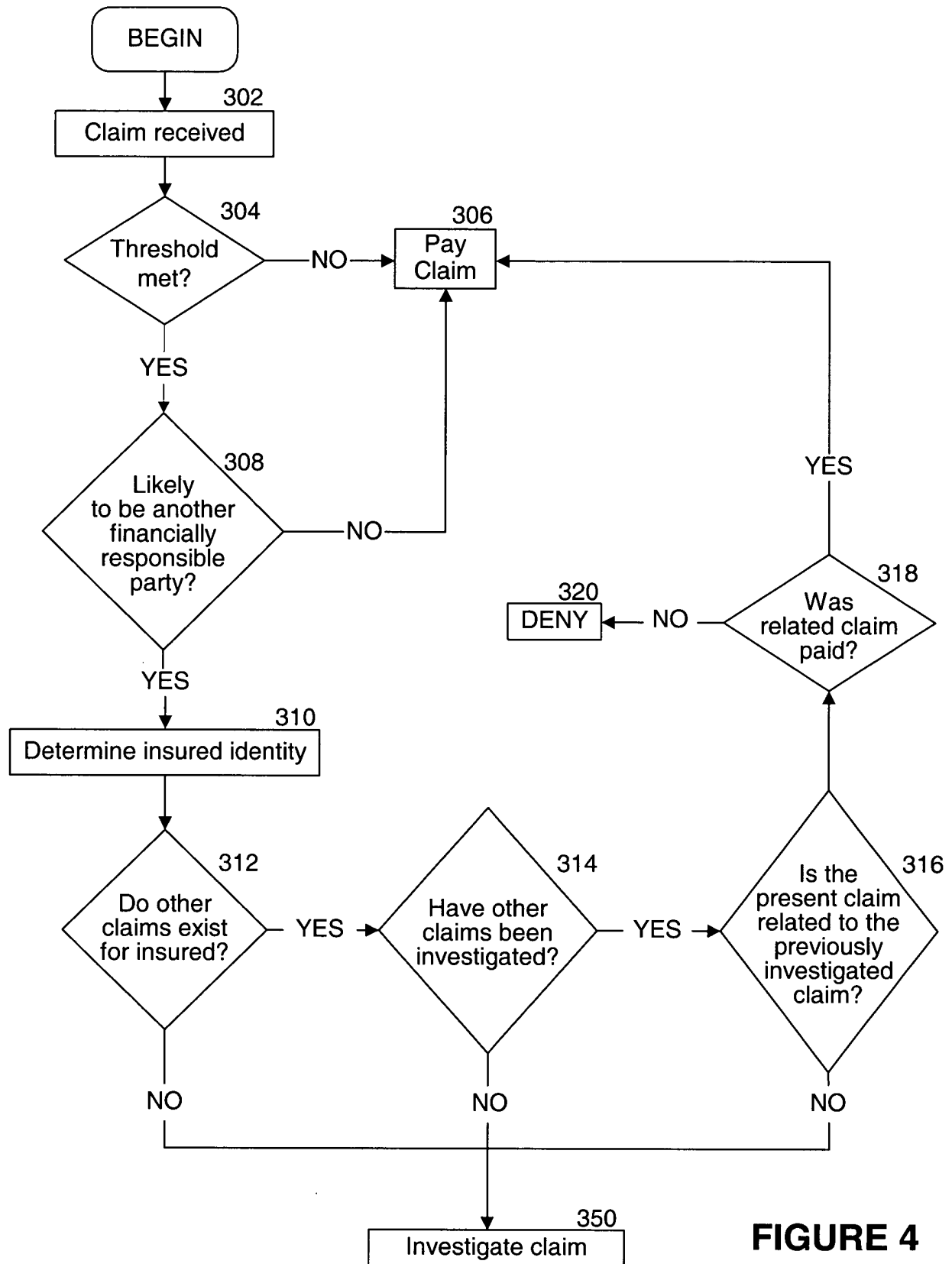


FIGURE 4

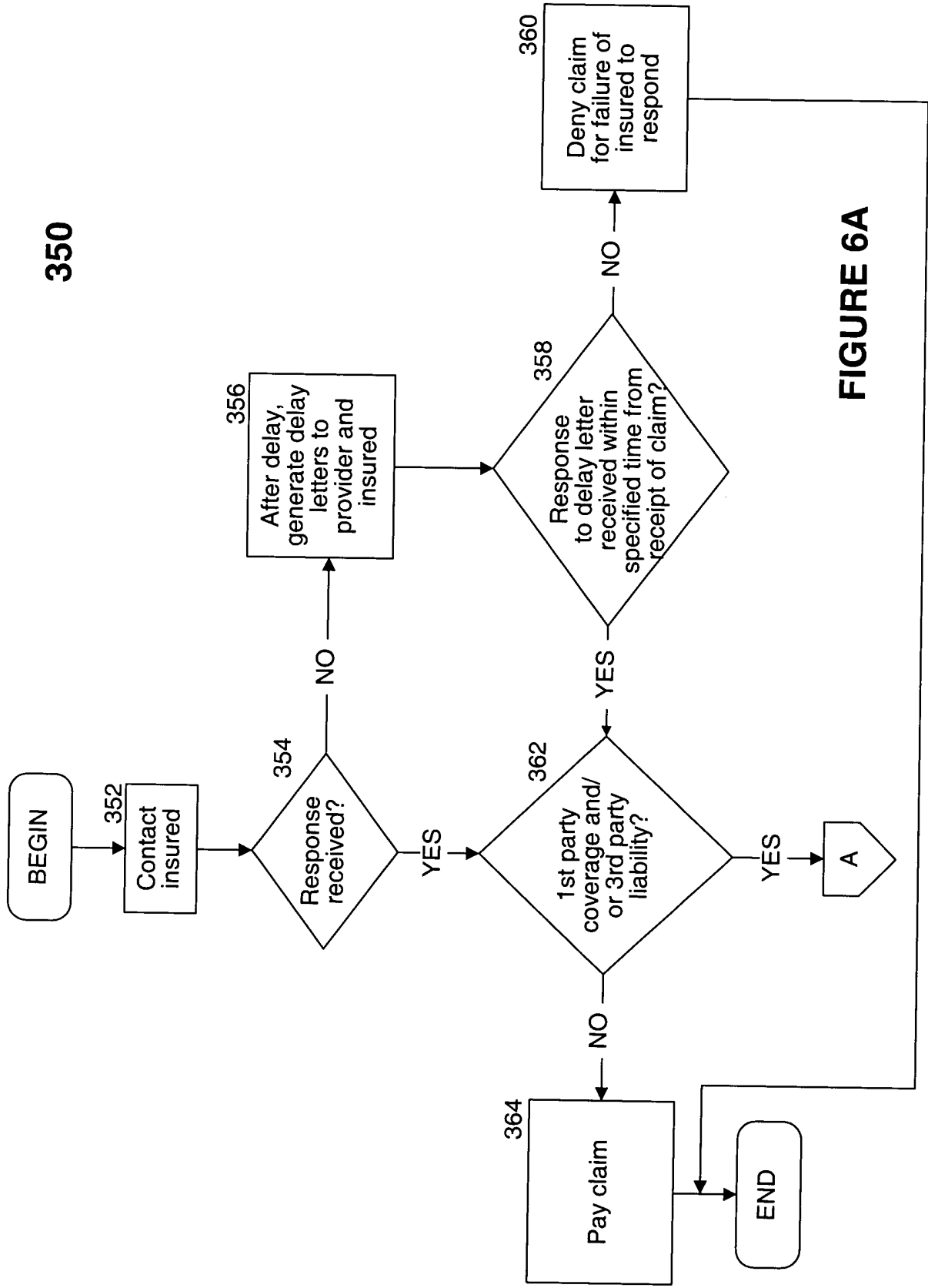


FIGURE 6A

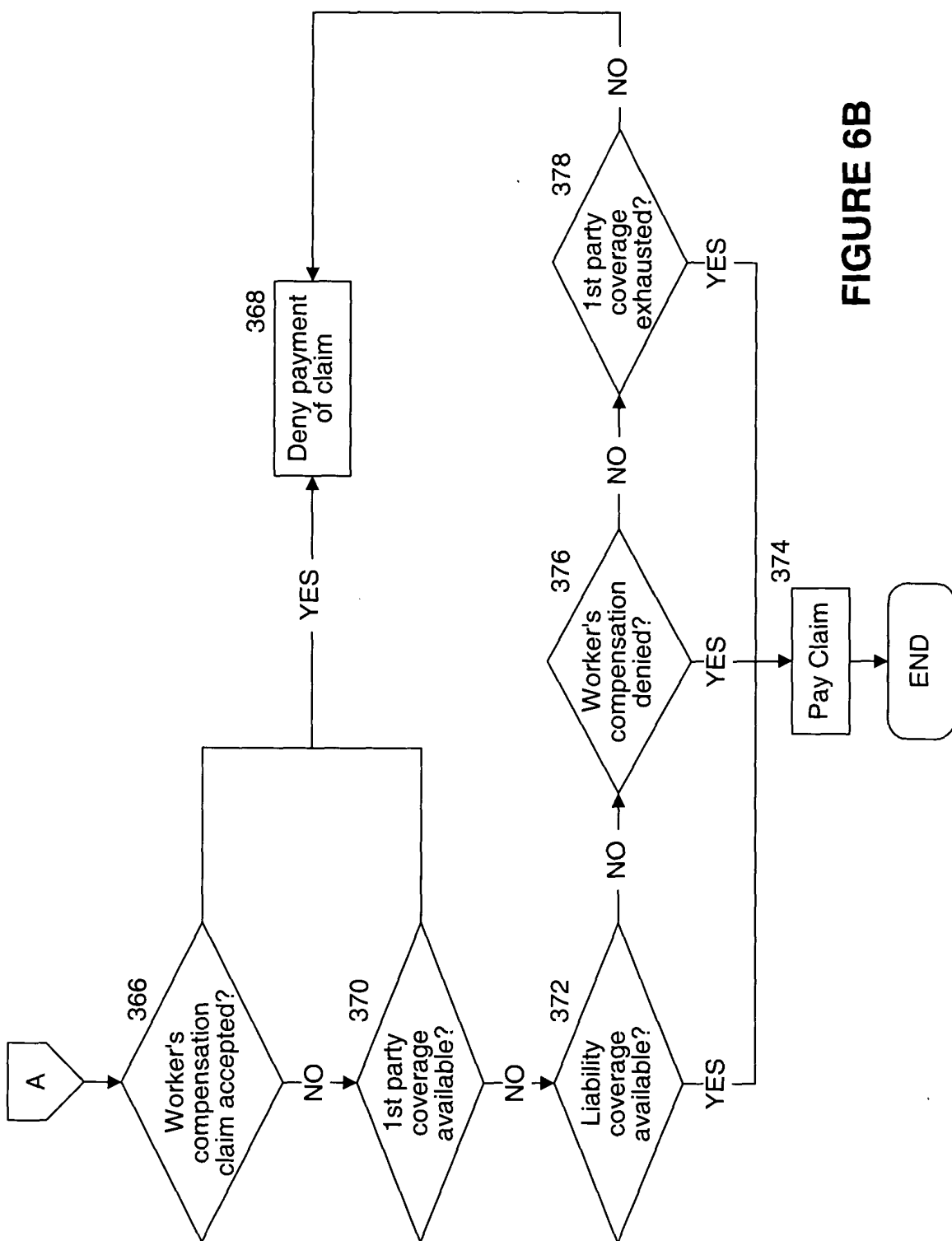
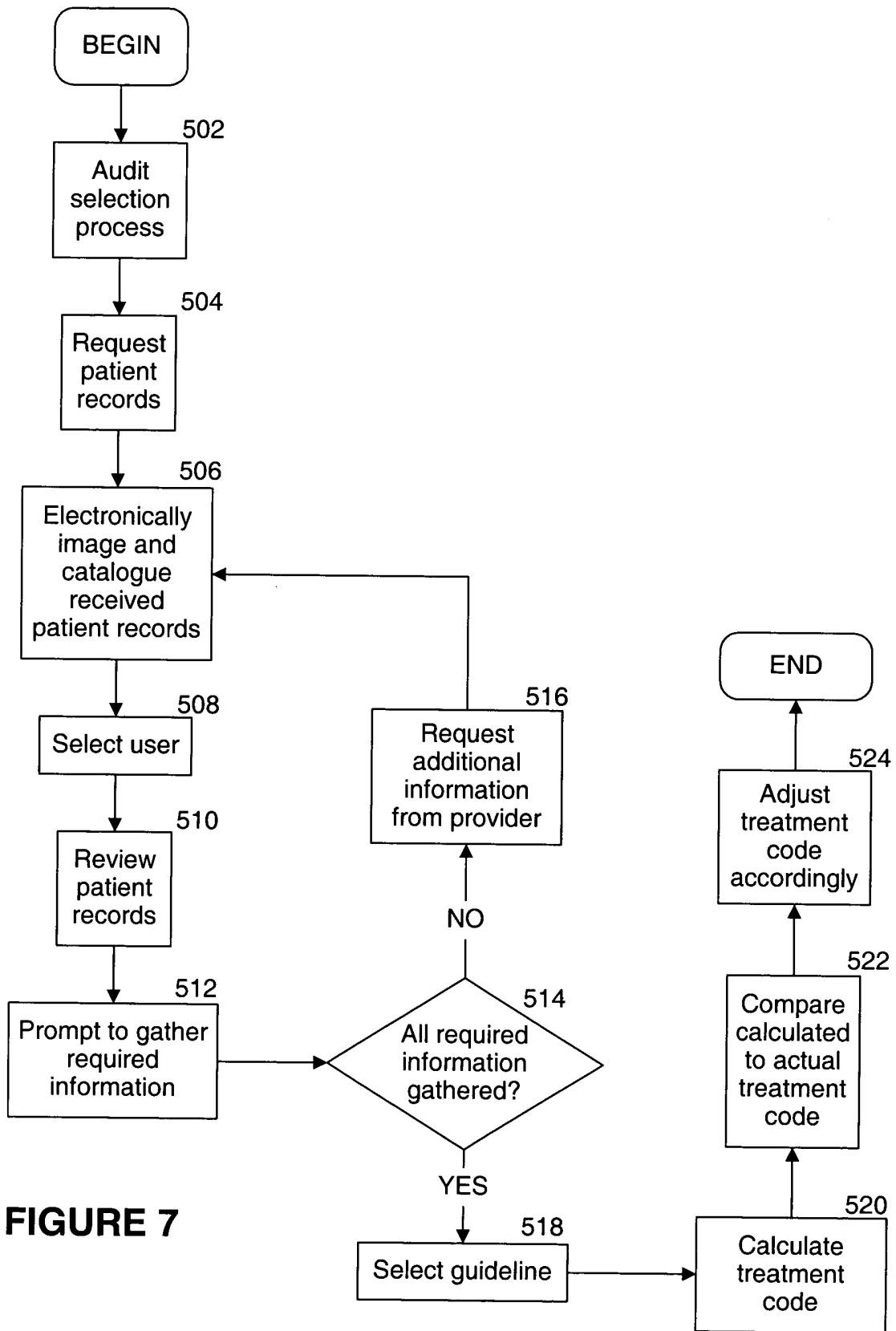


FIGURE 6B



404
History

Type of history

☒ Chief Complaint

History of Present Illness

Chronic Illnesses

☒ Location

☒ Quality

☒ Severity

☒ Timing

☒ Duration

☒ Modifying Factors

☒ Context

☒ Assoc. Signs/Symptoms

Type of HPI

Review of Systems

Type of ROS

☐ + Constitutional

☐ Eyes

☐ Ears/Nose/Mouth/Throat

☐ Cardiovascular

☐ Respiratory

☐ Gastrointestinal

☐ Genitourinary

☐ Musculoskeletal

☐ Integumentary

☐ Neurological

☐ Psychiatric

☐ Endocrine

☐ Hematologic/Lymphatic

☐ Allergic/Immunologic

☒ Documented, Remainder of Systems Negative

Description

Past Medical History

☒ Past Illness

☒ Past Surgeries

☒ Allergies

☒ Current Medications

☒ Past Hospitalizations

Family History

☒ Family Illness

☒ Hereditary Diseases

Social History

☒ Smoking

☒ Drug Use

☒ Living Arrangements

☒ Employment

408
410

FIGURE 9

Exam

'95 '97

Type of exam	Documentation	Limited	Detailed
Normal		<input type="checkbox"/>	<input type="checkbox"/>
Abnormal		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Constitutional		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Eyes		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Ears/Nose/Mouth/Throat		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Cardiovascular		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Respiratory		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Gastrointestinal		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Genitourinary		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Musculoskeletal		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Integumentary		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Neurological		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Psychiatric		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Endocrine		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Hematologic/Lymphatic		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Allergic/Immunologic		<input type="checkbox"/>	<input type="checkbox"/>

FIGURE 10

412

95

97

Exam

404

Exam Type

Type of exam

Body Areas

☒ Head, including the face
☒ Neck
☒ Chest, including breasts and axillae
☒ Genitalia, groin, buttocks
☒ Back, including spine
☒ Extremities

Organ Systems

☒ Eyes
☒ Ear, nose, mouth and throat
☒ Cardiovascular
☒ Respiratory
☒ Gastrointestinal (Abdomen)
☒ Genitourinary
☒ Musculoskeletal
☒ Skin
☒ Neurologic
☒ Psychiatric
☒ Hematologic/lymphatic/immunologic

Perf.

Doc.

Element description

Element description

Element description

Element description

Element description

Element description

Element description

Element description

Element description

Element description

Element description

Element description

Element description

Element description

Element description

Element description

Element description

Element description

Element description

FIGURE 11

404

Medical Decision Making

Type of MDM

Diagnosis and Management Options

Type of DMO

Qty	Element
<input type="text"/>	Element description
<input type="text"/>	Element description
<input type="text"/>	Element description
<input type="text"/>	Element description
<input type="text"/>	Element description

Documentation

Amount and Complexity of Data

Type of Comp

Element

<input type="checkbox"/>	Element description
<input type="checkbox"/>	Element description
<input type="checkbox"/>	Element description
<input type="checkbox"/>	Element description
<input type="checkbox"/>	Element description
<input type="checkbox"/>	Element description

418

FIGURE 12

404

MDM Risk

Level of PP Presenting Problem(s)	Level of DP Diagnostic Procedures	Level of MO Management Options
<input checked="" type="radio"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description	<input checked="" type="radio"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description	<input checked="" type="radio"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description
<input checked="" type="radio"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description	<input checked="" type="radio"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description	<input checked="" type="radio"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description
<input checked="" type="radio"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description	<input checked="" type="radio"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description	<input checked="" type="radio"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description
<input checked="" type="radio"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description	<input checked="" type="radio"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description	<input checked="" type="radio"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description
Description	Description	Description
1	2	3

420

FIGURE 13

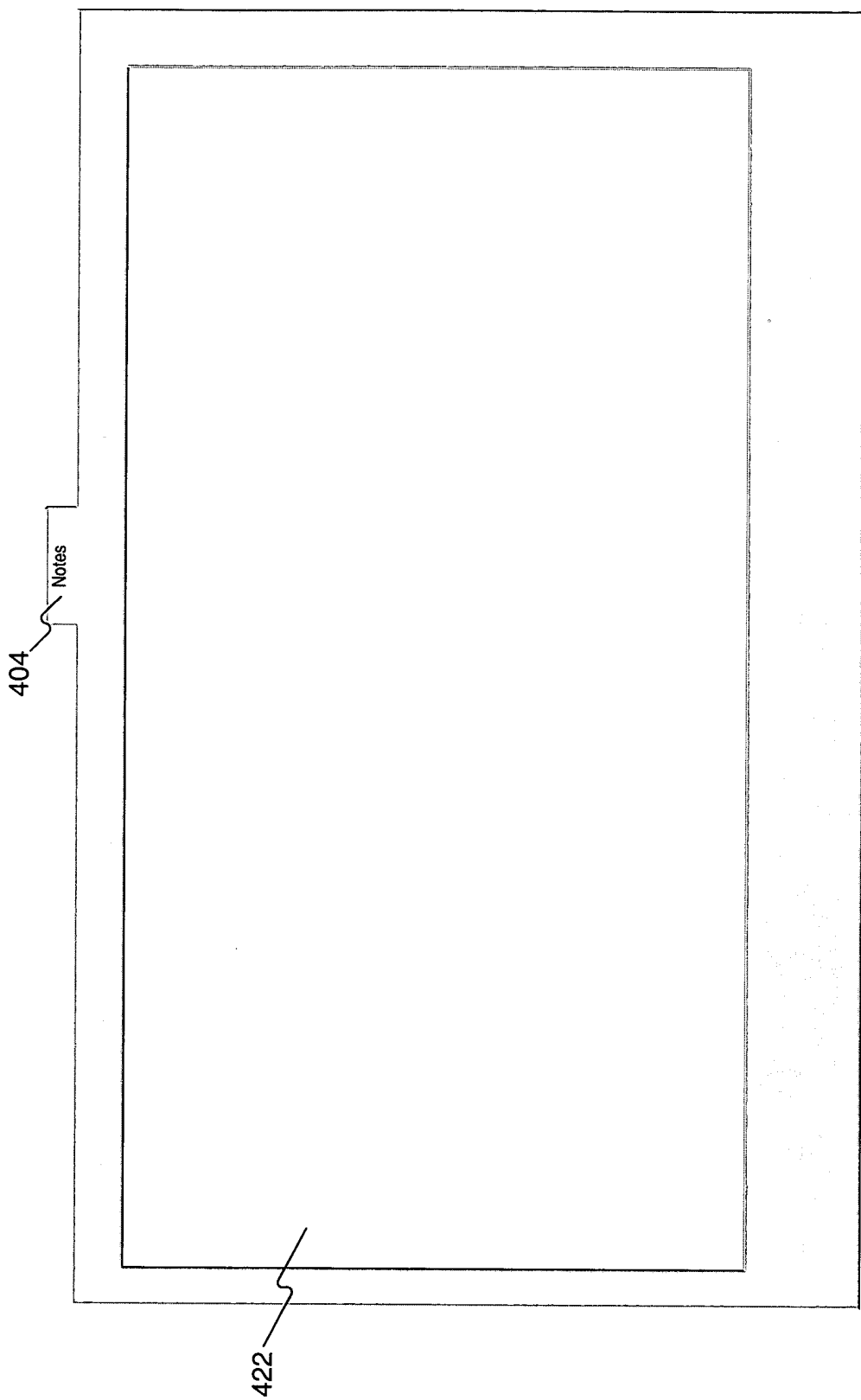


FIGURE 14

404

Time

Yes

- ☒ Does documentation reveal total time
- ☒ Does documentation describe the content of counseling or coordinating care
- ☒ Does documentation suggest that more than half of time was counseling or coordinating care

424

FIGURE 15

DAMED3 TROVERIS [USER TROVERIS TEAM]
Troveris
Application Operations Administration Supervisor Client Manager Legal Accounting Security Support Help Window
Attorney Referral <F ATTORNEY_REFERRAL>151174 CASE:
I Y J B P E Q E L N I < > VA VB VI VP VH
Event 151174 Policy Holder SOYAD, ISIM Policy Type ASO
Client DAIMLER Owner TOM E. TAYLOR Status OPEN # Cases 2 Funding Type SELF FUND
Referral Client Group Attorney Litigation Arbitration Financial

Referral Information
Referral Initiator DUYGU SENKAL
Closed By
Last Action By DUYGU SENKAL
Expense Budget \$500.00
Attorney Referral Status OPEN

Date Opened 07/18/2002
Date Closed
Last Action Date 07/25/2002
Next Action Date
Referral State

Activity Information

Date	Type	Subject	Description	User	Image Ref.
09/09/2002	REASSIGN		NO AVAILABLE USER FOR EVENT		0
09/06/2002	UPDATE	TASK UPDATED	LETTER - L	TROVERIS TEAM	0
09/06/2002	UPDATE	TASK UPDATED	CALL - ERWR	TROVERIS TEAM	0
09/04/2002	UNLOCKED	EVENT UNLOCKED	EVENT UNLOCKED	TROVERIS TEAM	0

Note
THERE WERE NO AVAILABLE USERS TO REASSIGN TO EVENT: 151174

Add Activity
Update Activity
Update Image Ref.
Create Referral
Save
Save & Exit
Exit

FIGURE 16

Update Task

Add/Update Task

Previous Notes

Task Management

Client

DAIMLER

Group

100 - BLUE CROSS BLUE SHIELD OF MI

Event

151174

Case

Task

REVIEW

Due Date

04/20/2002

Preference

Time

05:43 PM

Priority

Duration in Minutes

Description

EVENT REOPENED

Reminder Time

Status

Task Note

EVENT REOPENED DUE TO MINIMUM DOLLAR THRESHOLD OF \$800.00 WAS MET, PLEASE REVIEW PREVIOUS REJECT REASON WAS 500 CLIENT

Assigned To

TROVERIS TEAM

Status

ASSIGNED

Decline

Created By

TROVERIS TEAM

Case Stage

APPEAL

Task Update

Complete Task

View Timeline

Save & Exit

Exit

FIGURE 17

TROVERIS

Application Operations Administration Supervisor Client Manager Legal Accounting Security Support Help Window

TASK Template <F_TASK_TEMPLATE>

Selection Criteria:

Task Type Task Description State Search

Task Type	Task Description	Dur	Rec	Sta
CALL	CALL			A
FAX	FAX			A
LETTER	LETTER			A
OVERDUE TASK	OVERDUE TASK	5	1	A
TASK2	TASK2	20	1	A
TASK2	TASK2 TASK DESCRIPTION	20	2	A
SETTLEMENT	TEST	10	1	A

Add Update Delete

Template Tasks

Client	Type	State
ACORDIA NATIONAL	ASSAULT	AA
ACORDIA NATIONAL	ASSAULT	AE
ACORDIA NATIONAL	ASSAULT	AJ
ACORDIA NATIONAL	ASSAULT	AK

Exit

FIGURE 18

QAMED3 TROVERIS [USER TROVERIS TEAM]

Application Operations Administration Supervisor Client Manager Legal Accounting Security Support Help Window

Case Review Request <F_CASE_REVIEW_REQUEST> EVENT: 151174

Y J B P E Q E L N I

Event 151174 Policyholder SOYAD, ISIM Loss Date 04/01/2002 Policy Type ASO
 Client DAILER Owner AMANDA JONES Status OPEN #Cases 2 Funding Type SELF FUND

Client & Group Information

Submitted To REBECCA A. LESLIE - CASE REVIEW COMMENTS Major Client
 Date Submitted 09/09/2002 TROVERIS TEAM Major Group Code
 Loss State Policy Holder State AK Branch Group Name
 Date Response Needed 09/27/2002 View Timeline Status PENDING Employer Group Code 100
 Regulatory Agent YES Board Name BLUE CROSS BLUE S
 Date Completed

Case in Litigation. ATTY ARGUING MADE WHOLE AND REFUSES TO PAY BASED ON LIMITS ISSUES.

Question to Attorney Requested Action EMAIL Action Taken

SEND ATTY EMAIL WITH STANDARD MADE WHOLE ARGUMENTS.

Attorney Response Event Owners Print Review Save Save&Exit Exit

FIGURE 19

TROVERIS											
Application Operations Administration Supervisor Client Manager Legal Accounting Security Support Help Window											
Attorney Referral <F> ATTORNEY_REFERRAL>151174 CASE:											
T	Y	J	B	P	E	Q	E	L	N	I	
Search Criteria											
Event	151174	Policyholder	SOVAD, ISIM	Type	PROPER	Loss Date	04/01/2002	Policy Type	ASO		
Client	DAIMLER	Owner	TOM E TAYLOR	Status	OPEN	# Cases	2	Funding Type	SELF FUND		
Referral	Client - Group	Attorney	Litigation	Arbitration	Financial						
Request Information											
First Request By		DUYGU SENKAL		First Request Date		07/18/2002					
Second Request By		DUYGU SENKAL		Second Request Date		07/18/2002					
Final Request By				Final Request Date							
Client Approval Status		<input type="button" value="Return"/>		Approved Activity		<input type="button" value="Return"/>					
Client Information											
Name	DAIMLER CH		\$ Threshold	1000		% Threshold	40				
Contact			Phone			EXT					
E-Mail			Fax			Title					
Employer Group Information											
Name	100 - BLUE CROSS BLUE SHIELD OF MI		\$ Threshold	20000		% Threshold	70				
Contact			Phone			EXT					
E-Mail			Fax			Title					
Comments											
<input type="button" value="Request Notes"/>		<input type="button" value="Generate Request"/>		<input type="button" value="Add Activity"/>		<input type="button" value="Pre- Authorization..."/>		<input type="button" value="Save"/>		<input type="button" value="Save & Exit"/>	
<input type="button" value="Exit"/>											

FIGURE 20

QAMED3 TROVERIS [USER TROVERIS TEAM]
Troveris
Application Operations Administration Supervisor Client Manager Legal Accounting Security Support Help Window
Attorney Referral <F ATTORNEY_REFERRAL> 151174 CASE:
I Y J B P E Q E L N I
151174 SOYAD, ISIM 04/01/2002 ASO
Client DAIMLER Owner TOM E. TAYLOR OPEN Status OPEN Funding type SELF FUND
Referral Client Group Attorney Litigation Arbitration Financial
Attorney Information
Vendor Name Vendor TIN View Addresses View Contacts
Contact Name Role Code
Referral Information
Sent By DUYGU SENKAL Sent Date 07/18/2002
Activity Return Status N Return Date
Comments
Rates
Monthly Retainer Contingency Fee Attorney Rate Paralegal Rate Associate Rate Other Rate
Referral Instructions Generate Referral Add Activity Save Save & Exit Exit

FIGURE 21

NAME3 TROVERIS [USER TROVERIS TEAM]
Troveris
Application Operations Administration Supervisor Client Manager Legal Accounting Security Support Help Window
Attorney Referral <F ATTORNEY_REFERRAL>151174 CASE:
I Y J B P E Q E L N I
Status:
Event 151174 Policyholder SOYAD, ISIM Type PROPER Loss Date 04/01/2002 Policy Type ASO
Client DAIMLER Attorney TOM E. TAYLOR Status OPEN OPEN Funding Type SELF FUND
Referral Client Group Attorney Litigation Arbitration Financial
Court Information
Litigation Status
Case Number
Jurisdiction
Court
Date Suit Filed
Date Intervention Filed
Date Served
Date Answer Due
Arbitration Date
Mediation Date
Mediator
Pre-Trial Date
Discovery Req. Date
Trial Date
State Code
County
Underlying Case
Settlement Amount
Settlement Date
Financial Information
Asset Check Complete
Asset Check Date
Pre-Referral Offer
Last Demand
Award Amount
Final Results (%)
Comments
Representation
Role «
Represented Party «
Attorney «
Add Activity
Save
Save & Exit
Exit

FIGURE 22

548

550

QAMED3 TROVERIS [USER TROVERIS TEAM]

Application Operations Administration Supervisor Client Manager Legal Accounting Security Support Help Window

Attorney Referral <F ATTORNEY_REFERRAL>151174 CASE:

Event 151174 Policyholder SOYAD, ISIM Type PROPER Loss Date 04/01/2002 Policy Type ASO

Client DAMLER Owner TOM E TAYLOR Status OPEN #Cases 2 Funding Type SELF FUND

Referral Client Group Attorney Litigation Arbitration Financial

Legal Expenses Expense Budget \$500.00 Paid Expenses to Date

Invoice Date	Invoice Number	Vendor Name	Invoice Amount	Paid Date	E	C

Event Information

Event Billed Amount	\$300.00
Event Paid Amount	\$200.00
Last Bill Received Date	06/28/2002
Event Projected Amount	\$0.00
Event Recoveries	\$0.00
Event Balance Due	\$0.00

Underlying Case

Settlement Amount	
Settlement Date	
Attorney Recovery Information	
Atty Pursuit Amount	\$9.00
Pursuit Amount Last Update	09/09/2002
Attorney Recoveries to Date	\$191.00
Attorney Settlement Ratio	2122.22

Status	Damaged Party	Billed Amount	Paid Amount	Recovered	Protected
OPEN	ADAM KINCI	\$0.00	\$0.00	\$0.00	\$0.00
OPEN	SOYAD, ISIM	\$300.00	\$200.00	\$0.00	\$0.00

Add Activity Save Save & Exit Exit

FIGURE 23

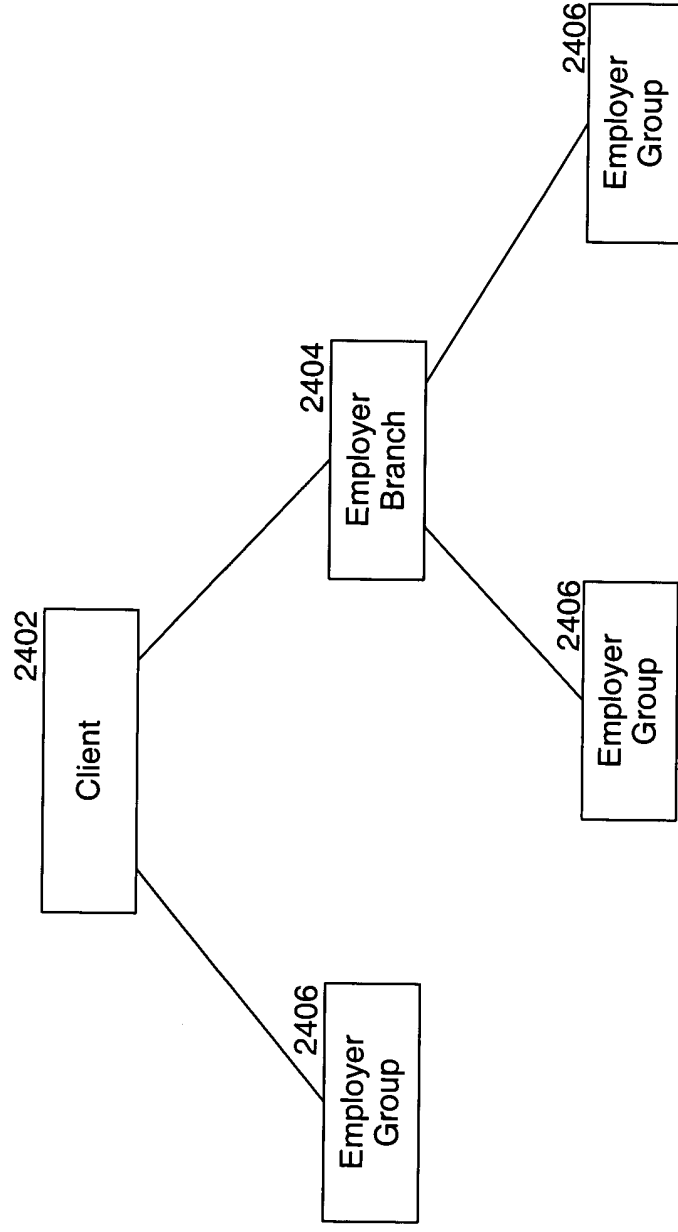


FIGURE 24

Client Search Criteria			
ID <input style="width: 40px;" type="text" value="v"/>	Code <input style="width: 40px;" type="text" value="v"/>	Name <input style="width: 100px;" type="text" value="v"/>	Search <input style="width: 40px;" type="button" value="Search"/>
<div style="display: flex; justify-content: space-between; font-size: small;"> Account Data Manager Client Info Client Rules Client Lives Fees & Taxes Group List Activity Log </div>			
<div style="display: flex; justify-content: space-between;"> <div> <p>Client Information</p> <p>ID <input style="width: 40px;" type="text" value="v"/></p> <p>Code <input style="width: 40px;" type="text" value="v"/></p> <p>Major Code <input style="width: 40px;" type="text" value="v"/></p> <p>Address 1 <input style="width: 100px;" type="text" value="v"/></p> <p>Address 2 <input style="width: 100px;" type="text" value="v"/></p> <p>City <input style="width: 40px;" type="text" value="v"/></p> <p>State <input style="width: 40px;" type="text" value="v"/></p> <p>Zip <input style="width: 40px;" type="text" value="v"/></p> </div> <div> <p>Status <input style="width: 40px;" type="text" value="v"/></p> <p>Name <input style="width: 100px;" type="text" value="v"/></p> <p>Alternate Name <input style="width: 100px;" type="text" value="v"/></p> <p>Website <input style="width: 100px;" type="text" value="v"/></p> <p>Federal TIN <input style="width: 40px;" type="text" value="v"/></p> <p>Main Phone <input style="width: 40px;" type="text" value="v"/></p> <p>Main Fax <input style="width: 40px;" type="text" value="v"/></p> </div> <div> <p><input style="width: 40px;" type="button" value="Reports"/></p> <p><input style="width: 40px;" type="button" value="Managers"/></p> </div> </div>			
<div style="display: flex; justify-content: space-between;"> <div> <p>Comments</p> <p><input style="width: 40px;" type="button" value="Add Note"/></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> </div> <div> <p>Discovery Information</p> <p>Client Protocol <input style="width: 40px;" type="text" value="v"/></p> <p>Client Protocol Level <input style="width: 40px;" type="text" value="v"/></p> <p>Discovery Threshold <input style="width: 40px;" type="text" value="v"/></p> <p>Discovery Threshold Level <input style="width: 40px;" type="text" value="v"/></p> <p>Selective Pursuit <input style="width: 40px;" type="text" value="v"/></p> </div> </div>			
<div style="display: flex; justify-content: space-between;"> <div> <p>Authorization Levels</p> <p>Authorization Threshold <input style="width: 40px;" type="text" value="v"/></p> <p>Authorization Percentage <input style="width: 40px;" type="text" value="v"/></p> </div> <div> <p>Miscellaneous Information</p> <p>Plan Type <input style="width: 40px;" type="text" value="v"/></p> <p>Agent Authorization on File <input style="width: 40px;" type="text" value="v"/></p> <p>Agent Image Reference <input style="width: 40px;" type="text" value="v"/></p> <p>Days until Reassignment <input style="width: 40px;" type="text" value="v"/></p> <p>Pick Request Volume <input style="width: 40px;" type="text" value="v"/></p> </div> </div>			
<div style="display: flex; justify-content: space-between;"> <div> <p>Healthcare Products</p> <p><input style="width: 40px;" type="button" value="Product List"/></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> </div> <div> <p>Over Flow <input style="width: 40px;" type="text" value="v"/></p> <p>Discovery Letters <input style="width: 40px;" type="text" value="v"/></p> <p>Investigation <input style="width: 40px;" type="text" value="v"/></p> <p>Imaging <input style="width: 40px;" type="text" value="v"/></p> <p>Training <input style="width: 40px;" type="text" value="v"/></p> </div> </div>			
<div style="display: flex; justify-content: space-between;"> <div> <p>Healthcare Discovery Letters</p> <p>Discovery Letter Phone Number <input style="width: 40px;" type="text" value="v"/></p> <p>Discovery Letter Print Location <input style="width: 40px;" type="text" value="v"/></p> </div> <div> <p>Prior System Information</p> <p>Check Rollup Code <input style="width: 40px;" type="text" value="v"/></p> </div> </div>			
<div style="display: flex; justify-content: space-between;"> <div> <p>Add Client</p> <p>Save&Exit</p> <p>Save</p> <p>Exit</p> </div> <div> <p>View Letters</p> </div> </div>			

FIGURE 25

QAMED3 TROVERIS [USER TROVERIS TEAM]																																													
Application Operations Administration Supervisor Client Manager Legal Accounting Security Support Help Window																																													
Recovery Rules <F_STATUTES_OF_LIMITATIONS>																																													
I	Y	J	B	P	E	Q	E	L	N																																				
State: WYOMING																																													
Link to State Law Outline																																													
Negligence Comments																																													
MODIFIED																																													
Comments: NEG. STANDARD: MEMBER 50% OR MORE AT FAULT, CANNOT RECOVER. MEMBER 49% OR LESS AT FAULT, CAN RECOVER, RECOVERY REDUCED BY % OF MEMBER'S OWN FAULT. DS EDIT																																													
Required BBSA and NonadBBSA Plans																																													
<table border="1"> <tr> <td>Individual Subscriber</td> <td>Y</td> <td></td> <td>Supplementation</td> <td>Y</td> <td></td> </tr> <tr> <td>Corporate Subscriber</td> <td>N</td> <td></td> <td>Retained Payment</td> <td>Y</td> <td></td> </tr> <tr> <td>Retiree/Consent</td> <td>Y</td> <td></td> <td>Entire Whole Reason</td> <td>Y</td> <td></td> </tr> <tr> <td>Made Whole Reason</td> <td>Y</td> <td></td> <td>Made Whole Comments</td> <td>NA</td> <td></td> </tr> <tr> <td colspan="3">COMMON FUND</td> <td colspan="3">Atty Fees</td> </tr> <tr> <td colspan="3">Atty Fee Comments</td> <td colspan="3">Atty Fee Comments</td> </tr> </table>										Individual Subscriber	Y		Supplementation	Y		Corporate Subscriber	N		Retained Payment	Y		Retiree/Consent	Y		Entire Whole Reason	Y		Made Whole Reason	Y		Made Whole Comments	NA		COMMON FUND			Atty Fees			Atty Fee Comments			Atty Fee Comments		
Individual Subscriber	Y		Supplementation	Y																																									
Corporate Subscriber	N		Retained Payment	Y																																									
Retiree/Consent	Y		Entire Whole Reason	Y																																									
Made Whole Reason	Y		Made Whole Comments	NA																																									
COMMON FUND			Atty Fees																																										
Atty Fee Comments			Atty Fee Comments																																										
Automobile Insurance Coverage Minimums																																													
<table border="1"> <tr> <td>Cop</td> <td>\$50,000.00</td> <td>Required</td> </tr> <tr> <td>No Fault</td> <td></td> <td></td> </tr> <tr> <td>Medical Payments</td> <td></td> <td></td> </tr> <tr> <td>Liability</td> <td>\$25,000.00</td> <td>Y</td> </tr> <tr> <td>Uninsured Motorist</td> <td>\$10,000.00</td> <td>Y</td> </tr> <tr> <td>Underinsured Motorist</td> <td>\$10,000.00</td> <td>Y</td> </tr> <tr> <td>Stackable</td> <td>Y</td> <td>Y</td> </tr> <tr> <td>Offset Comments</td> <td></td> <td>Y</td> </tr> </table>										Cop	\$50,000.00	Required	No Fault			Medical Payments			Liability	\$25,000.00	Y	Uninsured Motorist	\$10,000.00	Y	Underinsured Motorist	\$10,000.00	Y	Stackable	Y	Y	Offset Comments		Y												
Cop	\$50,000.00	Required																																											
No Fault																																													
Medical Payments																																													
Liability	\$25,000.00	Y																																											
Uninsured Motorist	\$10,000.00	Y																																											
Underinsured Motorist	\$10,000.00	Y																																											
Stackable	Y	Y																																											
Offset Comments		Y																																											
Statutes of Limitations Years																																													
<table border="1"> <tr> <td> bodily injury</td> <td>2</td> </tr> <tr> <td>Written Contracts</td> <td>5</td> </tr> <tr> <td> oral contracts</td> <td>3</td> </tr> <tr> <td>Medical Malpractice</td> <td>10</td> </tr> <tr> <td>Product Liability</td> <td>10</td> </tr> </table>										bodily injury	2	Written Contracts	5	oral contracts	3	Medical Malpractice	10	Product Liability	10																										
bodily injury	2																																												
Written Contracts	5																																												
oral contracts	3																																												
Medical Malpractice	10																																												
Product Liability	10																																												
Save Save & Exit Exit																																													

FIGURE 27